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ABSTRACT

The 1985-86 implementation of the comprehensive, sequenced curriculum called Family Living Including Sex Education Program in the New York City public schools is evaluated in this document. Curriculum content includes human growth and development, family relationships, friendship, reproduction, decision-making, child sexual abuse, and acquired immune deficiency syndrome. It is noted that, in the 1985-86 school year, 185 elementary schools and 65 junior high schools used the program. Topics covered in this report include: (1) an introduction to the program background, goals, and evaluation as well as the population served; (2) methodology and data sources of the evaluation; (3) program implementation including program description, staff responsibility, advisory councils, implementation strategies, use of curriculum, parent involvement, staff development, staff perception, 1986-87 district plans, and implementation of the curriculum in high schools and its adaptation for special education; (4) site visits at elementary schools, junior high schools, and high schools; and (5) student outcomes. The report concludes that the implementation was successful and recommends more teacher inservice training, more district responsibility, better student assessment instruments, more time devoted to the curriculum, and further efforts to bring nonparticipating schools into the program. (ABL)

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FAMILY LIVING/INCLUDING
SEX EDUCATION
1985-86

OEA Evaluation Report

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EVALUATION SECTION REPORT

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December, 1986

FAMILY LIVING/INCLUDING
SEX EDUCATION
1985-86

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Finally we would like to thank Community School District personnel for their time and thoughtful comments, and local school personnel for allowing us into their schools for testing and classroom observations.

EVALUATION SUMMARY

1985-86

PROGRAM BACKGROUND

The Family Living Including Sex Education (FL/SE) program was designed to implement a revised comprehensive, sequenced curriculum for all New York City public schools (K-12) over the three year period beginning in the fall, 1984. The curriculum implementation effort is funded by the Mayor's Office and the New York City Council. The Office of Health, Physical Education, and School Sports (H.P.E.S.S) of the New York City Board of Education's Division of Curriculum and Instruction is responsible for the implementation of the FL/SE program.

The final version of the Family Living Including Sex Education curriculum was completed and available to community school districts (C.S.D.s) and school personnel in early 1985. The content includes human growth and development, family relationships, friendship, reproduction, and decision-making. In addition, an addendum was written on child sexual abuse. During the 1985-86 school year an addendum on AIDS designed for use at the high school and junior high school levels was prepared by H.P.E.S.S.

During the 1984-85 school year, 11 C.S.D.s (1, 2, 4, 9, 10, 13, 15, 22, 29, 31, and 32) were involved with curriculum implementation; nine of the 11 were actually teaching the curriculum in the classroom. Eight additional C.S.D.s (3, 5, 12, 16, 18, 21, 25, and 28) joined the program for 1985-86, bringing the total to 19 C.S.D.s implementing the curriculum. These C.S.D.s encompass 165 elementary and 65 junior high schools. H.P.E.S.S. reported that the overwhelming majority of the high schools were teaching the revised curriculum as part of their eleventh grade health program. The remainder were teaching it in the ninth or tenth grade.

In order to encourage community feedback and to facilitate curriculum implementation, the Chancellor instructed each C.S.D. to form FL/SE advisory councils. District advisory councils met with varied frequency. They focused on curriculum revisions desired by the district, films and other classroom materials, and teaching strategies for the program.

During 1985-86 H.P.E.S.S. conducted workshops that oriented parents to the objectives and content of the FL/SE curriculum. They also presented a series of workshops on anatomy and physiology, psychosexual development, child sexual abuse, and communication between parents and children.

The 1985-86 year was the first to employ two parent educators to assist with parent workshops. One remaining problem for working with parents is meeting the needs of parents not proficient in English.

The 1985-86 evaluation plan included testing student outcomes for 9th and 10th graders. Analyses were conducted on 434 pretest and 287 posttests administered to 9th and 10th graders from three high schools. The tests were analyzed by comparing unmatched group data due to variations in the ways students completed the identification section.

Student pretest/posttest gains were statistically significant in the areas of decision-making, communication skills and self-esteem. On the other hand, student knowledge scores did not improve from the pretest to the posttest; students scored highly on the pretest indicating that they were already familiar with the content tested. In addition, there was no statistically significant improvement in attitudes toward sex roles; this is not particularly surprising since attitudes are slow to change, the program is new, and testing took place over a relatively short period of instruction. The results do indicate, however, that communication skills and decision-making skills can be improved within a relatively short period of instruction.

Teachers and administrators who were from schools planning to teach FL/SE during the 1985-86 school year were invited to the centralized training sessions held at Norman Thomas High School during June and July, 1985. The format for the training sessions was to have teachers attend a four-day training program focused on improving participants' knowledge of and comfort and familiarity with appropriate teaching strategies. Teachers received 24 hours of training during the summer preceeding their teaching of FL/SE, and six hours of follow-up training during the school year. In Summer, 1985, 310 elementary school teachers from 121 schools, 137 junior high school teachers from 52 schools, and 136 high school teachers from 71 schools.

Based upon the evaluation, the following recommendations are aimed at improving the impact of the program:

- Provide or encourage C.S.D.s to provide inservice training to supplement training by program staff. Many teachers requested more training and new teachers need to be trained if the program is to expand. Also, parents have voiced concern that teachers be adequately trained.

- While H.P.E.S.S. should continue to encourage district responsibility for the FL/SE program, if funds permit, more H.P.E.S.S. specialists need to be hired to work with C.S.D.s. FL/SE is a program different from other curricula, demanding more centralized supervision.

- Better student assessment instruments must be developed for all levels of the program; those presently in use are not sufficiently sensitive to measure program impact on student knowledge.

- Additional funding should be provided for teacher training. As of this writing, teachers at 13 C.S.D.s have not yet been formally trained.

- H.P.E.S.S. should continue to encourage both C.S.D.s and high schools to expand the amount of time and attention that the FL/SE curriculum receives. Student goals are difficult to achieve in the short period of time devoted to the curriculum.

- H.P.E.S.S. should continue to encourage C.S.D.s to address FL/SE issues at all stages of the K-12 program.

- Student achievement results indicate that high schools should be encouraged to move the FL/SE program from the 11th to the ninth or tenth grade.

- Continue efforts through work with parents, C.S.D. personnel, and Community School Board members to bring the remaining C.S.D.s into the program.

TABLE OF CONTENTS

		PAGE
I.	Introduction	1
	Program Background	1
	Population Served	2
	Program Goals	2
	Program Evaluation	3
	Scope of this Report	4
II.	Methodology	5
	Data Sources	5
III.	Program Implementation	7
	Program Description	7
	C.S.D. Staff Responsibility for Implementation	8
	District and Local Advisory Councils	11
	Strategies of Implementation	12
	Use of the Curriculum	16
	Parent Involvement	17
	Staff Development	18
	Staff Perception of FL/SE Implementation	21
	District Plans for 1986-87	23
	High Schools	23
	Special Education	25
IV.	Site Visits	27
	Elementary Schools	27
	Intermediate/Junior High Schools	30
	High Schools	33
	Summary	38
V.	Student Outcomes	40
	Student Achievement and Attitudes	41
	Student Opinion Questionnaires	43
VI.	Conclusions and Recommendations	45

LIST OF TABLES AND APPENDIX

TABLE		PAGE
1	Numbers and Percentage of Schools Teaching FL/SE in 1985-86	9
2	Number of Teachers and Administrators Attending Training Summer, 1985	20
3	Analysis of High School Students' Scores on the Family Living/Sex Education Test	42
4	Distribution of Student Responses to the Student Opinion Questionnaire	44

APPENDIX

A	Status of Non-Implementing C.S.D.s	47
B	Commissioner's Regulations, Section 135.3 Health Education	49

I. INTRODUCTION

PROGRAM BACKGROUND

The Family Living Including Sex Education (FL/SE) program was designed to implement a revised, comprehensive, sequenced curriculum for all New York City public schools (K-12) over the three-year period beginning in fall, 1984. The curriculum implementation effort is funded by the Mayor's Office for Youth Services and the New York City Council. The FL/SE curriculum focuses on topics including family relationships, friendships, human growth and development, reproduction, and decision-making. Since there is no Board of Education mandate for teaching FL/SE, the decision to implement the curriculum rests with individual community school boards, superintendents, and school administrators.

The Office of Health, Physical Education, and School Sports of the New York City Board of Education's Division of Curriculum and Instruction is responsible for the implementation of the FL/SE program. The role of H.P.E.S.S. is to develop community support for the program; orient parents to the FL/SE curriculum; develop and conduct workshops for parents to help them deal more effectively with their children's sexuality; and serve as a resource for curriculum materials and teaching strategies. A significant portion of the H.P.E.S.S. effort has been directed toward training community school district (C.S.D.) personnel, local school administrators, and teachers in the use of the FL/SE curriculum. The final goal of the program is to offer the revised FL/SE curriculum to all public school students (K-12), including special education students.

POPULATION SERVED

During the 1984-85 school year, nine of the 32 C.S.D.s and a majority of the high schools were teaching the revised FL/SE curriculum in the classroom; two additional C.S.D.s were involved with curriculum revision and community preparation.* Efforts were made by H.P.E.S.S. during the 1984-85 school year to bring more C.S.D.s and high schools into the program. During the 1985-86 school year, staff from 19 C.S.D.s (1, 2, 3, 4, 5, 9, 10, 12, 13, 15, 16, 18, 21, 22, 25, 28, 29, 31, 32) and all of the high schools received centralized training provided by H.P.E.S.S. Seventeen C.S.D.s and all the high schools were teaching the curriculum; two C.S.D.s were involved in curriculum adaptation.

PROGRAM GOALS

The goals of the FL/SE program for the 1985-86 school year were focused on curriculum adoption and implementation in an increasing number of C.S.D.s and high schools within New York City. They were to:

- provide teachers, administrators, and C.S.D. personnel with centralized and local training in order to facilitate implementation;
- Conduct parent workshops to help parents become more familiar with the program's objectives and content and to become better parent educators;
- expand the program within those C.S.D.s implementing the curriculum during 1984-85;
- recruit additional C.S.D.s for implementation in 1986-87; and
- develop and distribute curricula on AIDS and sexual abuse.

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*For a full description of the 1984-85 implementation effort see the Office of Educational Assessment (O.E.A.) Evaluation Report on Family Living Including Sex Education 1984-85.

A remaining long-range program goal was to transfer responsibility for program administration to each C.S.D., allowing H.P.E.S.S. to serve as a central resource.

The student program goals, as stated in the FL/SE curriculum, were to:

- assist pupils in developing attitudes which are necessary for them to become effective members of the family and society;
- provide decision-making information which can be used as a basis for responsible decision-making;
- help pupils understand the physiological changes that occur during their periods of growth and development; and
- help pupils develop a personal code of values that will enhance their self-esteem and serve as a guide for responsible behavior.

PROGRAM EVALUATION

The evaluation conducted by the Office of Educational Assessment/ Instructional Support Evaluation Unit (O.E.A./I.S.E.U.) addressed the status of implementation in those C.S.D.s which had become involved with the FL/SE program for the first time during the 1985-86 school year and in those C.S.D.s which were in their second year of implementation. The evaluation included case studies of two elementary, two junior high, and two high schools teaching the revised FL/SE curriculum for the second year and an assessment of student achievement for students taking FL/SE in the 9th and 10th grades. Data were collected from the following sources: interviews with C.S.D. personnel, local administrators, teachers, and H.P.E.S.S. staff; site visits; and instruments assessing student knowledge and attitudes.

SCOPE OF THIS REPORT

This report presents the complete results of the evaluation of the 1985-86 FL/SE program. Chapter II describes the methodology used to conduct the evaluation. Chapter III reports the status of implementation citywide, and in Chapter IV case studies are used to provide a more in-depth look at implementation in selected schools. Student achievement data and the results from a student opinion survey are discussed in Chapter V. Conclusions and recommendations are presented in Chapter VI.

II. METHODOLOGY

The evaluation of the FL/SE program for 1985-86 was designed to answer the following major questions:

- How is curriculum implementation progressing in those C.S.D.s involved with the revised FL/SE curriculum for the first time during the 1985-86 school year?
- How is the implmentation process progressing in those C.S.D.s which are now in their second year of involvement with the FL/SE program?
- How is the program functioning in selected schools at the elementary, junior high, and high school levels?
- What impact has the FL/SE program had on 9th and 10th grade students' knowledge and attitudes?

DATA SOURCES

Evaluation of the FL/SE program was based on a variety of data sources:

- Interviews were conducted with the director of H.P.E.S.S., each of six FL/SE coordinators, and 23 district-level personnel from the 19 C.S.D.s implementing the curriculum for both the first and second year. These interviews gathered information on the extent and manner of implementation in the various districts, community response to the program, and plans for the 1986-87 school year.
- Site visits were made to two elementary schools, two junior high schools, and two high schools with well-established programs from among those implementing the FL/SE program for the second year. The visits involved interviewing local school administrators, teachers, and in some cases, parents and students. In addition, FL/SE classes were informally observed to provide examples of some of the ways the curriculum was actually being used in the classroom.
- Student progress was assessed through the pre-post administration of a 70-item scale designed to measure students' knowledge of physiological growth and development and to assess students' self esteem through measurement of resistance to peer pressure, decision-making skills, attitudes toward gender roles and family, and tolerance of others' values. The attitudinal items were designed to assess students' recognition of desired behaviors rather than measure actual changes in behavior.

- A student opinion questionnaire was distributed to all students who completed the posttest, asking for their reactions to the atmosphere in the classroom, beliefs about the curriculum, communication patterns with friends and family, and suggestions for improving the program.

III. PROGRAM IMPLEMENTATION

PROGRAM DESCRIPTION

Staff and Administration

In 1984-85, a coordinator was assigned to each borough to supervise C.S.D. implementation. An additional coordinator was responsible for supervising FL/SE in the high schools. This structure was modified for the 1985-86 school year to accommodate variations in work load. Coordinators continued to be responsible for supervising FL/SE in specific boroughs, yet actually may have worked in more than one. Also, two parents hired as FL/SE parent educators were added to the H.P.E.S.S. staff to assist with parent workshops.

In addition to their responsibilities with FL/SE implementation, the coordinators worked on the development of related curricula. These included a curriculum on sexual abuse for the elementary schools, a curriculum on AIDS for the high schools, and a detailed 18-lesson curriculum for FL/SE at the 9th and 10th grade levels written in response to a request from the Chancellor's office.

C.S.D. and High School Involvement

The overall plan for the FL/SE program was to implement the curriculum in one third of the C.S.D.s and high schools during each of the three years of the implementation effort. During the 1984-85 school year, 11 C.S.D.s (1, 2, 4, 9, 10, 13, 15, 22, 29, 31, and 32) were involved with curriculum implementation; nine of these 11 districts were actually teaching the curriculum in the classroom. Eight additional C.S.D.s (3, 5, 12, 16, 18, 21, 25, 28) joined the program for 1985-86, bringing the total to 19 C.S.D.s involved with curriculum implementa-

tion. H.P.E.S.S. reported that all the high schools were teaching the revised curriculum, primarily as part of their eleventh grade health program.

Table 1 presents the number and percentages of schools in each C.S.D. teaching FL/SE during the 1985-86 school year as reported by the district level personnel in charge of the program. Districts participating in the program for the first time in 1985-86 reported that FL/SE was being taught in those schools which expressed an interest in implementing the curriculum. Second year districts expanded the program both within schools where it was taught during the 1984-85 school year and into new schools. Within each district, the amount of time devoted to teaching FL/SE varied from school to school.

C.S.D. STAFF RESPONSIBILITY FOR IMPLEMENTATION

An ongoing H.P.E.S.S. goal for successful implementation is to transfer responsibility for overseeing the FL/SE program from H.P.E.S.S. to the districts. This is necessary because the level and duration of funding for the current FL/SE program does not provide for active involvement of H.P.E.S.S. staff in all districts at the same time. The evaluation team found that generally, responsibility for the program at the district level was assigned to individuals with other curricular responsibilities as well; consequently, their time and attention to FL/SE was divided with other programs. The majority of program supervisors were district level coordinators for health and physical education (C.S.D.s 1, 2, 3, 5, 10, 12, 13, 16, 18, 22, 25, and 32). The remaining seven districts assigned FL/SE responsibility to supervisors

TABLE 1

Number and Percentage of Schools Teaching
FL/SE in 1985-86[a]

C.S.D.	Elementary[b] Number of Schools Teaching FL/SE	Elementary[b] % Schools Teaching FL/SE	Junior High/Intermediate Schools[b] Number of Schools Teaching FL/SE	Junior High/Intermediate Schools[b] % Schools Teaching FL/SE
1	5	36	2	50
2	19	79	6	100
3	3	17	-	0
4	11	69	3	75
5	7	54	3	75
9	25	100	8	100
12	2	12	-	-
13	18	100	4	100
15	8	40	4	80
16	6	46	3	100
18	12	100	5	100
21	6	27	6	100
25	6	27	2	29
28	13	57	3	50
29	16	70	5	100
31	39[c]	100[c]	9[d]	100[d]
32	10	83	4	80

[a]C.S.D.s 10 and 22 were committed to the program and working on curriculum but were not yet teaching the curriculum.

[b]Information provided by C.S.D. personnel.

[c]This figure does not come from district personnel, but was inferred from the C.S.D. 31 mandate that FL/SE be offered in all schools K-7 for the 1985-86 school year.

[d]C.S.D. 31 only has intermediate schools.

- In 11 of the 17 C.S.D.s a higher percentage of junior high schools than elementary schools were teaching FL/SE.

with a variety of other responsibilities (C.S.D.s 4, 9, 15, 21, 28, 29, and 31).

As was found in the 1984-85 evaluation, a strong, supportive individual in charge of implementation at tne district level is essential to the success of the FL/SE program. Since most personnel in charge of FL/SE have other curricular responsibilities as well, local priorities dictated the amount of attention the FL/SE program received.

During the 1985-86 school year, H.P.E.S.S. was involved with local implementation activities (i.e., parent workshops, local teacher training, school board presentations, and advisory council meetings) in both first and second-year districts. The evaluation team discovered from interviews at the district level that many C.S.D.s expect H.P.E.S.S. to maintain a highly visible role in the implementation process. C.S.D.s 2, 9, 15, and 21 reported that as second-year districts they were receiving less attention than previously. H.P.E.S.S. while responding to requests for help, devoted more of their attention to C.S.D.s involved with the program for the first year, as well as attempting to bring additional districts into the program. As more schools are added to the program, the demands on coordinators become greater. Principals and teachers, especially those new to the program, need more attention and support. The funding and support from the Mayor's Office and the City Council is scheduled to end in June 1987, and without additional funding, there will not be H.P.E.S.S. staff available to provide support for future implementation efforts. From interviews with C.S.D. personnel, it is apparent that centralized supervision and support is critical to

successful implementation. Whereas other curricula may function well with district supervision, FL/SE requires on-going attention from central supervisors who are FL/SE specialists.

DISTRICT AND LOCAL ADVISORY COUNCILS

In order to encourage community feedback and to facilitate curriculum implementation, the Chancellor of the Board of Education instructed each C.S.D. to form FL/SE advisory councils.* These advisory councils were to review the appropriateness of the curriculum for their district and schools, and to recommend revisions if necessary. District advisory councils (D.A.C.s) and local advisory councils (L.A.C.s) were formed. D.A.C.s were usually made up of district level administrators, community school board members, community health professionals, clergy, United Federation of Teachers representatives, Parents Association representatives, teachers, and occasionally students. Compared to D.A.C.s, local advisory councils (L.A.C.s) varied more in structure. Usually they were made up of teachers and parents; often existing school committees took on an advisory role for the FL/SE program.

D.A.C.s met with varied frequency. They focused their attention on curriculum revisions desired by the district, screening films and other materials, and examining teaching strategies used in the program. C.S.D.s 10 and 32 reported that their D.A.C.s met monthly; C.S.D.s 2, 5, 9, 15, 16, and 21 reported that their D.A.C.s met three to four times during the school year; C.S.D.s 1, 4, 13, 18, and 28 reported that their D.A.C.s met one to two times.

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*Chancellor's Memorandum #14, issued October 24, 1984.

Whereas each C.S.D. recognized the need for a D.A.C., some have not encouraged the formation of L.A.C.s, preferring to make decisions about FL/SE implementation on a district-wide basis. Those districts having L.A.C.s (2, 10, 12, 13, 15, 18, 21, 25, 28, and 32), reported a range of both frequency of meetings and types of issues addressed.

STRATEGIES OF IMPLEMENTATION

First Year Districts

C.S.D.s 3, 5, 12, 16, 18, 21, 25, and 28 began FL/SE implementation in the 1985-86 school year. In all the C.S.D.s, superintendent and community school board approval for implementation was secured in time for their teachers to receive centralized training during the summer, 1985.

Various implementation strategies were reported for getting the FL/SE curriculum into the schools. C.S.D. 3 has planned to have a representative teacher trained from each grade in participating schools; C.S.D. 5 decided to train two teachers per grade and one administrator per school; C.S.D. 25 wanted to have one trained teacher for each grade in each school; and C.S.D. 28 emphasized teaching in the 5th, 6th, and 8th grades with a mandate that the program be in the junior high schools. C.S.D. 28 mandated that 11 administrators in the district be formally trained. Every school implementing the program in C.S.D. 28 has at least one supervisor trained.

The number of schools teaching FL/SE during the first year of implementation varied among the school districts. A priority effort was given by coordinators to ensure that all trained teachers were teaching the curriculum. Those teachers trained during summer, 1985 would have the opportunity to teach the curriculum. C.S.D. 16 reported that the program has begun in all junior high schools; C.S.D 18 reported that the program is in every school in the district; C.S.D. 21 said that the program has begun in selected elementary schools and all the junior high schools in the district; C.S.D. 25 has begun the program in six elementary and two junior high schools; and C.S.D. 28 selected 15 schools to use as pilot schools. C.S.D. 3 initially had five schools committed to implementation, but staffing adjustments reduced the number to three. Although C.S.D. 12 had trained teachers, minimal classroom teaching took place due to conflicting opinion from the Community School Board concerning curriculum content and grade placement.

Second Year Districts

The 1985-86 school year represented the second year of involvement with the FL/SE program for C.S.D.s 1, 2, 4, 9, 10, 13, 15, 22, 29, 31, and 32. Of these 11 districts, C.S.D.s 10 and 22 have not begun to teach the curriculum. Implementation within these two districts continued to be limited to community meetings to determine how best to adapt the program to their needs. C.S.D. 10 reported that their D.A.C. selected those schools where FL/SE will be taught during 1986-87.

C.S.D.s 2, 4, 13, 15, and 29 reported that the program was well established in their districts, with expansion taking place both within schools and in the districts; C.S.D. 13 was teaching the program in all elementary schools, largely in the 5th and 6th grades, with a mandate

for 8th grade in the junior high schools. C.S.D. 15 reported a special effort to deal with child abuse education; and C.S.D. 31 mandated FL/SE for all grades K-5 and for grades 6-7 only where the teachers had been trained.

C.S.D. 1 reported that there was strong commitment to the program with a special emphasis on developing the program throughout the junior high schools. There was district interest in teaching the FL/SE high school curriculum at the junior high level and preparing a curriculum for high-risk teenagers. C.S.D 4 also expressed a concern for teen pregnancy rates in their approach to implementation and was considering moving FL/SE content on dating and sex-related issues into the elementary grades. C.S.D. 9 has mandated the program through the fourth grade. This year they developed a video in conjunction with Channel 13 showing a class in progress. The video was cited by the H.P.E.S.S. coordinator as very helpful to implementation. However, due to a focus on improving student reading and writing skills, FL/SE received less attention in C.S.D. 9 during the 1985-86 school year than the previous year. C.S.D. 32 reported receiving a teen pregnancy grant which will aid them in getting more materials and expanding training efforts. Their district Youth Councils became involved with the FL/SE program and were viewed as very helpful to securing parental support.

Non-Implementing Districts

During the 1985-86 school year, H.P.E.S.S. attempted to meet with C.S.D. personnel, community school boards, local administrators, and

parents in all 13 districts not yet committed to the program in an effort to secure their involvement for the 1986-87 school year. Three C.S.D.s had both superintendent and community school board approval for FL/SE implementation in time for the centralized training effort scheduled for summer, 1986. Appendix A provides a brief summary of the status of FL/SE in districts that were not part of the 1985-86 program. H.P.E.S.S. coordinators reported that they met with community school boards and district personnel in C.S.D.s expressing an interest in implementing the new curriculum (C.S.D.s 11, 14, 17, 20, 23, 26). Some C.S.D.s with community support met with H.P.E.S.S. coordinators, but did not get community school board support (C.S.D.s 6, 27); finally, some C.S.D.s were not ready to proceed with the curriculum because of some local community concerns (C.S.D.s 7, 8, 19, 24, 30). In the late spring, C.S.D. 26 decided to come into the FL/SE program; 14 elementary schools and four junior high schools identified teachers and supervisors for the summer training workshop.

Citywide implementation was set as a three-year effort. It is unlikely that this goal will be met by the end of the 1986-87 school year. During 1986-87, H.P.E.S.S. can continue its efforts to bring the non-involved districts into the program, yet there is no mechanism in place to train school personnel after the 1986-87 school year. As described in the 1984-85 evaluation report, once community preparation has taken place and superintendent and community school board written approval has been secured and forwarded to H.P.E.S.S., school personnel receive 24 hours of centralized training during the summer preceding

the school year during which the curriculum is to be implemented plus six hours of follow-up training during the school year. The 1986-87 school year will be the third year of the implementation effort; the centralized training held during summer 1986 was for teachers from 22 C.S.D.s committed to teaching FL/SE during 1986-87.

USE OF THE CURRICULUM

The final version of Family Living Including Sex Education was completed and made available to C.S.D. and school personnel in early 1985. The curriculum overview has been translated into Spanish. In addition, an addendum was written on child sexual abuse. During the 1985-86 school year, a curriculum addendum on AIDS was prepared by H.P.E.S.S. which was designed for use at the junior and senior high school level. The Chancellor also requested that H.P.E.S.S. develop a comprehensive, 18-lesson FL/SE curriculum mini-unit focused on decision-making, communication, pregnancy, and relationships, for both the 9th and 10th grades. The mini-unit had been intended to be used in a four-week pilot program designed to provide health education in the 9th and 10th grades; as of this writing, no funds were made available to implement the more comprehensive format.

C.S.D. coordinators described a variety of patterns by which the FL/SE curriculum was being implemented within their schools. C.S.D.s 1, 2, 3, 15, 16, 18, 21, 25, 29 and 32 reported that the curriculum was taught at various grades within their schools, while C.S.D.s 9, 13, and 28 stated that there was an emphasis for teaching FL/SE at the 4th, 5th and 6th grade levels in the elementary schools and at the 7th and 8th

grade levels in the junior high schools. C.S.D. 31 had a district mandate that FL/SE be taught in all K-5 classes and in 6th and 7th grade classes where teachers have had centralized training.

Information on the precise number of FL/SE classes taught in individual schools was usually not available from district level coordinators. As far as lessons go, some districts stated that they followed the curriculum precisely, teaching the lessons as they appeared in print, while others reported emphasizing and elaborating upon content areas specifically requested by their D.A.C.s.

PARENT INVOLVEMENT

H.P.E.S.S. considered parent involvement with the FL/SE curriculum key to successful implementation. It has often been strong parental support that secured community school board and superintendent approval for FL/SE implementation in a district. Parent workshops were designed to help parents understand the goals and content of the program. By increasing parental awareness about FL/SE, not only did support for implementation increase, but parents had the opportunity to improve their knowledge about FL/SE content and skills for communicating with their children.

As reported by C.S.D. coordinators, parents' response to the program has been very positive. A number of C.S.D.s had well-established parent networks, with parents very involved with the implementation of the program.

In C.S.D.s 1, 2, 5, 12, 18, 25, 26, 28, and 32, parent workshops were conducted by H.P.E.S.S. to orient parents to the objectives and

content of the FL/SE curriculum. H.P.E.S.S. also presented a series of workshops to parents from C.S.D.s 3, 4, 9, 12, 16, 18, 21, 28, 29, and 32 on anatomy and physiology, psychosexual development, child sexual abuse, and communication between parents and children. Workshops were held during the morning, afternoon, and evening hours as requested by the C.S.D.s and/or individual schools. Generally, H.P.E.S.S. responded to all requests as they were made. Eighty workshops were conducted in the Bronx and Manhattan; 73 were conducted in Queens and Brooklyn. The 1985-86 school year was the first in which two parent educators were employed to assist with parent workshops; one worked primarily in Brooklyn and the other in Manhattan and the Bronx.

Attendance at parent workshops varied from three to 100. District level coordinators reported that generally parents were very supportive of the program; no district experienced any formal complaints about the program. Parents had the opportunity to remove their children from all or part of the program if they chose. Only C.S.D. 32 reported that a sizeable number of parents were denying permission for their children's participation.

One remaining problem was meeting the needs of parents with limited English proficiency. Translated materials, particularly for Spanish-speaking parents, are being produced. The bilingual H.P.E.S.S. coordinator attended workshops to provide translation where needed for Spanish-speaking parents.

STAFF DEVELOPMENT

Teachers and administrators from schools planning to teach FL/SE during the 1985-86 school year were invited to the four-day centralized training sessions held at Norman Thomas High School in summer, 1985. All second-year C.S.D.s who had both superintendent and community school board approval for implementation, were allotted 15 slots; first year C.S.D.s were alloted 30 slots. In an attempt to meet the expressed need of the C.S.D.s for training, H.P.E.S.S. made exceptions to their enrollment limitations and in many cases allowed more than the proposed number to attend training. Table 2 shows how many teachers and administrators attended training during the 1985 summer session by district. In total, there were 310 elementary school teachers from 121 schools, 137 junior high school teachers from 52 schools, and 136 high school teachers from 71 schools receiving training.

Participation in training for FL/SE was voluntary, with concern that only those interested and perceived as able to teach this sensitive curriculum become involved. Training sessions provided teachers with a four-day program focused on improving participants' knowledge of and comfort and familiarity with appropriate teaching strategies. In 1985-86, as in 1984-85, teachers were to receive 24 hours of training during the summer preceding their teaching and six hours of follow-up training during the school year. Due to budgetary constraints, H.P.E.S.S. was not able to provide a centralized follow-up training session as had been done during the 1984-85 school year. Instead, follow-up training was offered at the local level for C.S.D.s and at a March of Dimes sponsored program for the high schools.

TABLE 2

Number of Teachers and Administrators Attending Training
Summer 1985[a]

C.S.D.	Elementary School Personnel	Elementary Schools Represented	Junior High School Personnel	Junior High Schools Represented
1	12	3	2	1
2	12	6	5	2
3	28	5	1	1
4	8	8	4	3
5	18	7	13	3
6	-	-	-	-
7	-	-	1	1
8	-	-	-	2
9	2	2	7	3
10	-	-	-	-
11	-	-	7	2
12	25	15	16	5
13	13	9	3	2
14	-	-	-	-
15	11	6	2	2
16	9	3	8	3
17	-	-	-	-
18	46	12	11	4
19	-	-	-	-
20	-	-	-	-
21	15	6	14	6
22	-	-	-	-
23	-	-	-	-
24	-	-	-	-
25	25	7	4	2
26	-	-	-	-
27	-	-	-	-
28	34	12	22	4
29	22	9	2	2
30	-	-	-	-
31	-	-	-	-
32	30	11	15	4
Total	310	121	137	52

[a]136 high school teachers from 71 schools citywide attended training.

•Overall, 310 elementary school personnel, 137 junior high schools teachers, and 136 high school teachers received training.

District-level coordinators reported a variety of ways in which follow-up training took place. Due to a lack of funds for teacher compensation, a majority of schools used the lunch hour and/or prep periods for training. One district released all its teachers for a follow-up training, while another used a staff development day for FL/SE training. Local training was also made available to other school personnel, including social workers, school nurses, and health resource counselors. H.P.E.S.S. staff was always available to address district and individual schools' needs by telephone or visit.

STAFF PERCEPTION OF FL/SE IMPLEMENTATION

The evaluation team asked H.P.E.S.S. and C.S.D. personnel about their perceptions and concerns regarding FL/SE implementation. Generally, C.S.D.s reported that H.P.E.S.S. responded to their requests when made, yet were not as involved and available as they'd like. Second-year districts, while aware that H.P.E.S.S. might have to give priority to first-year districts, had hoped for the same amount of attention as they had received during 1984-85. As reported earlier in this document, C.S.D.s expected H.P.E.S.S. to maintain a highly visible role in terms of teacher training and parent workshops. H.P.E.S.S. on the other hand, expected C.S.D.s, once given centralized support and training, to assume responsibility for FL/SE implementation and supervision as they do with other curricula. Many districts reported a fear that without H.P.E.S.S.'s continued involvement and support, implementation would fail.

Additional support requested by C.S.D.s for the future:

- C.S.D.s 2 and 28 wanted H.P.E.S.S. to conduct classroom observations and give feedback to teachers (H.P.E.S.S. has agreed but arrangements have not yet been made);

- C.S.D.s 3, 4, 12, 16, 21, and 29 reported wanting more intensive follow-up training conducted on the local level for teachers and administrators;

- C.S.D.s 5, 12, and 21 expressed a need for more resources for teaching and referrals;

- C.S.D.s 9 and 15 needed more H.P.E.S.S. support for parent workshops; and

- C.S.D.s with a large Spanish-speaking population were in need of translated materials for parents.

The H.P.E.S.S. staff also expressed concerns about the 1985-86 implementation efforts as compared to 1984-85 year, as well as future efforts. The attention given to the initial target districts could not be maintained, yet local expectations were the same. Not only were new districts constantly being added to the program, but additional schools within already implementing districts were joining. Finally, the coordinators' responsibilities for 1985-86 included meeting parents and district personnel in non-participating districts in an attempt to bring additional C.S.D.s into the program for 1986-87.

H.P.E.S.S. coordinators expressed frustration with the process of obtaining C.S.D. approval for the FL/SE program. In a number of districts, extensive work with parents had been conducted and great interest and support for the program had been expressed. Both C.S.D. elections and vocal minority opinion, however, interfered with these C.S.D.s participating in the program.

Both C.S.D.s and H.P.E.S.S. voiced concerns about funding for FL/SE. Due to limited funds, not all follow-up training for C.S.D.s was conducted. In addition, if no new funding is forthcoming from the Mayor's Office and the City Council, H.P.E.S.S. will cease to be able to provide much centralized support for implementation. The positions for the borough coordinators will be discontinued and training for any new teachers citywide will be unavailable.

DISTRICT PLANS FOR 1986-87

District level coordinators were asked to describe how the program will be expanded for the 1986-87 school year. A number of districts planned to expand the program to new schools (C.S.D.s 1, 3, 9, 12, 15, 16, 21, 28,). C.S.D.s 5, 13, and 25 stated that they have a goal of increasing the total number of trained teachers within the district. Some C.S.D.s wanted to develop turnkey training in order to expand the program within schools (C.S.D.s 2, 32). C.S.D. 4 will be giving special attention to the training of school administrators. C.S.D.s 10 and 22 will begin teaching the FL/SE curriculum for the first time.

HIGH SCHOOLS

Because FL/SE has been taught in the high schools since 1967, H.P.E.S.S. was less active in the implementation of the revised curriculum in the high schools than in the C.S.D.s. During the fall, 1985, a survey was sent out by H.P.E.S.S. to all high schools asking about their health education program. Included in the survey was whether or not FL/SE was part of their health curriculum and if so, whether the newly revised FL/SE curiculum was being used. The high school FL/SE coordinator

reported that there was a greater than 90 percent rate of return. In addition to the survey, H.P.E.S.S. contacted every high school who had not responded to offers for centralized training and asked the extent of their involvement with FL/SE. Information gathered from both sources verified that FL/SE was being taught in all high schools citywide.

Most of the needs of high schools were handled by telephone. The H.P.E.S.S. coordinator for high schools addressed requests for content information, resources, and teaching strategies as they were made. At various times during the year, visits were made to individual high schools to talk with the complete health education department or the entire staff of the school about sensitive topics in FL/SE. City-as-School and Bronx Regional High School received a three-workshop series on FL/SE for the entire staff. In addition, evening parent workshops were conducted at selected schools. The monthly meetings held between H.P.E.S.S. and the assistant principals from all the high schools served as a regular, formal way to address any FL/SE concerns.

A special project funded by the Alternative High School Office permitted H.P.E.S.S. to work intensively with those teaching FL/SE in the alternative schools. These schools deal most directly with pregnant teenagers. Between October, 1985 and May, 1986 eight workshops were held for approximately 20 teachers. Participating teachers were released one-and-a-half hours early in the school day to participate in a two-hour workshop; they were paid for their time after school. The workshops had an open format allowing participants to ask questions,

share concerns, and practice effective teaching strategies. The project will continue during the 1986-87 school year, with an additional 24 teachers added to the workshops from those trained during the summer, 1986.

H.P.E.S.S. was also involved with a project sponsored by the Citywide Umbrella Program. A videotape on teen pregnancy was produced with state monies. The video will be available to all high schools.

High school teachers who were trained during the summer, 1985, received their follow-up training during January, 1986 as part of the annual program offered by H.P.E.S.S. and the March of Dimes. In addition, all high school teachers were trained to provide education on AIDS.

Plans for the Future

To meet the State Education Department Commissioner's Regulations (see Appendix B), most high schools city offered health education in the 11th grade. It was reported that future efforts will assess the feasibility of putting health education into the 10th grade. As described earlier, H.P.E.S.S. had developed an 18-lesson FL/SE curriculum pull-out for 9th and 10th grades. The pull-out has been printed but there has been no funding to implement it.

SPECIAL EDUCATION

FL/SE is a program designed for all students, grades K-12, including special education students. The evaluation team found that information on how the needs of special education students were being met was not available from C.S.D. personnel. The Division of Special Education is responsible for both special education staff and students. Approximately 50 staff, representing each of the special education districts received

30 hours of training during the 1984-85 school year. It was the intention of the Division of Special Education to utilize these 50 individuals as turnkey trainers, whereby they would conduct training in FL/SE for teachers within their districts as needs arose. The FL/SE curriculum was adopted for use with special education students and has been available for distribution to trained special education personnel since the early spring of 1985.

IV. SITE VISITS

During spring 1986, O.E.A. evaluators visited two elementary, two junior high, and two high schools recommended by H.P.E.S.S. The elementary and junior high schools were from C.S.D.s implementing FL/SE for the second year; the high schools were two where student testing had taken place for the 1984-85 evaluation. O.E.A evaluators spent one full day at each school interviewing principals, assistant principals, teachers, parents, and students, and observing FL/SE classes.

ELEMENTARY SCHOOLS

School A

School A, located in Queens, has 535 students in grades K-6. The principal reported that he was able to have five volunteer teachers representing grades 1, 2, 3, 5, and 6 and one cluster teacher attend the centralized FL/SE training during the summer of 1985, and that all six were teaching the curriculum in their classes. In addition, other teachers within the school were continuing to offer FL/SE concepts where they appear as part of other curricula. The principal commented that much of what has been identified as FL/SE at the elementary level has been taught as part of other programs for years; science and social studies were two areas where concepts overlap with FL/SE.

There have been no complaints from parents about the program; this has been interpreted by the school as parental support. Permission slips for student participation have not been used, yet parents have been informed of their right to remove their children if they choose. The principal reported that a supportive P.T.A., H.P.E.S.S. orientation

development efforts, and the presence of a FL/SE resource person in the school have been most valuable in facilitating FL/SE implementation.

The first, second, and third grade teachers interviewed reported that they felt comfortable teaching FL/SE, although one teacher was more comfortable with family-related concepts than sex-related concepts. All relied on their local resource person for help with lesson plans when necessary. Topics covered were animals, friendship, emotions, types of families, self-esteem, and child sexual abuse. Students were described as being interested and attentive. The teachers used story books and the student newspapers to present concepts, yet expressed a desire to have more support materials for the program. They also reported that having demonstration lessons would be helpful for improving their teaching.

The first grade class observed was dealing with the development of the chicken. The teacher used the book Egg to Chick, handouts picturing the parts of an egg, and fertilized eggs housed in an incubator to teach the class. Students responded to the teacher's enthusiasm, and were most excited when the incubating eggs were weighed. Incubating chicken eggs is recommended by the curriculum guide.

The third grade class observed focused on friendship and sibling relationships. The teacher used the story Sometimes I Get Mad to teach the concept of being a friend, the impact of teasing, and issues related to taking care of younger siblings. While reading the story, the teacher often stopped to clarify words and ask the students if they had ever had the same experience as the characters in the story.

School B

School B, located in Brooklyn, has 803 students in grades K-6. The principal reported that the FL/SE program was initiated in the sixth grade classes involving approximately 85 students. The teachers have had one local training workshop offered by the H.P.E.S.S. borough coordinator and have been relying on the lessons provided in the curriculum for teaching. The principal noted that all grades in the school address FL/SE related concepts, without their being labelled FL/SE.

School B was described as having a very active parent group. The local advisory committee met five times during the school year to discuss FL/SE implementation. The principal reported that the H.P.E.S.S. borough coordinator played a significant role in helping parents become more familiar and comfortable with the program. The principal emphasized that parental involvement was critical to the success of the program. Permission slips for student participation had been received from the overwhelming majority of parents; records of parental permission have been kept for future implementation at grades K-5. The principal said that the teachers, parents, and she were very enthusiastic about the FL/SE program and expansion into the fourth and fifth grades was planned for the 1986-87 school year.

Interviews with three teachers involved in the program revealed their strong desire for more training. One teacher used the lessons provided in the curriculum; another teacher reported dealing with FL/SE related concepts as they came up in science and social studies; the third teacher, who taught the gifted students, used both the curriculum

VI. CONCLUSIONS AND RECOMMENDATIONS

Overall, the second year of FL/SE implementation was successful. Nine of the 11 second-year districts continued to expand the program in the classroom, with a commitment made by the other two to begin teaching in the 1986-87 school year. The eight first-year districts began the program and plan to continue in 1986-87. H.P.E.S.S. was also able to bring three new C.S.D.s into the program in time for summer, 1986 training.

A special project funded by the Alternative High School Office permitted H.P.E.S.S. to provide eight workshops for those teaching FL/SE in the alternative schools. Also H.P.E.S.S. worked with the Citywide Umbrella Program to produce a video that will be available to all high schools.

In terms of curriculum work, the AIDS curriculum was printed and distributed to the high schools and a comprehensive 18-lesson plan package for the 9th and 10th grade was developed and awaits implementation. An elementary school curriculum addendum on sexual abuse was also produced.

Continued work with parents took place in the C.S.D.s. An innovation this year was the addition of two parent trainers to the H.P.E.S.S. staff. Staff development was well attended during summer 1985.

The following recommendations are offered:

- Provide or encourage C.S.D.s to provide inservice training. Many teachers requested more training and new teachers need to be trained if the program is to expand. Also, parents have voiced concern that teachers be adequately trained.

- While H.P.E.S.S. should continue to encourage district responsibility for the FL/SE program, if funds permit more H.P.E.S.S.

specialists need to be hired to work with C.S.D.s. FL/SE is a program different from other curricula, demanding more centralized supervision.

- Better student assessment instruments must be developed for all levels of the program; those presently in use are not sufficiently discriminating.

- H.P.E.S.S. should continue to encourage both C.S.D.s and high schools to expand the amount of time and attention that the FL/SE curriculum receives. Student goals are difficult to achieve in the short period of time devoted to the curriculum.

- H.P.E.S.S. should continue to encourage C.S.D.s to address FL/SE issues at all stages of the K-12 program. Many C.S.D.s focus on grades 4-6 and 7-8; the curriculum is designed for K-12 and interviews with C.S.D. personnel reflected a willingness to expand their programs to a broader range of grades as more teachers became trained.

- Student achievement results indicate that high schools should be encouraged to move the FL/SE program from the 11th to the ninth or tenth grade. Students' pretest scores indicate a familiarity with FL/SE content.

- H.P.E.S.S. should encourage a mandate for the program from the Central Board of Education with continued C.S.D. autonomy in terms of adapting the program to meet their own needs.

- Continue efforts through work with parents, C.S.D. personnel, and Community School Board members to bring the remaining C.S.D.s into the program.

Appendix A

Status of Non-Implementing C.S.D.s

C.S.D. 6: The H.P.E.S.S. coordinator met with the superintendent, district health coordinator, and parents council. There is community support for the program, yet the Community School Board will not sign off for participation. They have agreed to begin parent education during 1986-87.

C.S.D. 7: The H.P.E.S.S. coordinator has been unable to set up a meeting with the Superintendent. The district is part of the Bronx Frontier, a community-based organization, which conducts programs dealing with sex education yet they have not indicated an interest in implementing the curriculum.

C.S.D. 8: C.S.D. personnel said they were not interested in participating in the FL/SE program. They also are a part of the Bronx Frontier, a community based organization dealing with sex education.

C.S.D. 11: Despite community preparation and expressed interest in the program, superintendent and community school board permission for implementation was not secured in time for the summer, 1986 training.

C.S.D. 14: The H.P.E.S.S. coordinator met with the superintendent, C.S.D. department heads, and all principals. The C.S.D. has started to form an advisory council. The district has signed on to begin implementation for 1986-87.

C.S.D. 17: The district has an adolescent pregnancy prevention program and health fair. Extensive meeting with H.P.E.S.S. resulted in their signing on to begin implementation for 1986-87.

C.S.D. 19: They have their own curriculum dealing with FL/SE issues and do their own training.

C.S.D. 20: The H.P.E.S.S. coordinator has had many requests to do orientation sessions and the C.S.D. has received the revised curriculum for review. One assistant principal expressed interest in doing a pilot program.

C.S.D. 23: H.P.E.S.S. met with the superintendent's Assistant for Guidance, spoke at a district planning board meeting, and made a presentation to the C.S.B.

C.S.D. 24: The director of H.P.E.S.S. addressed the Community School Board at an open meeting. Opposition to the Program is from the local school board.

C.S.D. 26: H.P.E.S.S. made a presentation to the C.S.B. The superintendent and C.S.B. gave their approval for implementation to begin during the 1986-87 school year. Teachers attended the summer, 1986 training.

C.S.D. 27: H.P.E.S.S. has worked with parents in the district, yet C.S.B. approval has not been secured.

C.S.D. 30: H.P.E.S.S. has been unsuccessful in its attempts to meet with C.S.D. personnel. The district has been teaching FL/SE for a number of years, yet prefers to maintain its independence from the central board.

and student initiated questions for FL/SE classes. Topics covered in the classes included reproduction, socialization, cooperation, family relationships, and puberty. The teachers described their students as very responsive to the program.

One sixth grade class was observed as they discussed family responsibilities. The teacher asked students questions about family roles in their homes and used class voting on issues to focus on students' attitudes about family roles and responsibilities. The lesson was modeled from the FL/SE curriculum.

INTERMEDIATE/JUNIOR HIGH SCHOOLS

J.H.S. A

This Brooklyn school has 900 seventh and eighth grade students. Family Living and Sex Education is taught in seventh (once per week) and eighth (twice per week) grade health education classes. Four of the classes were teaching the course and most of the students were participating.

Parents have been moderately involved in implementation. Many are working single parents and find time to come to school only when their children are performing in a program. Permission from parents is required to take the class.

The school started teaching the program in part due to the extensive training in family living and sex education of one of its teachers. She has been teaching the draft of the curriculum over the last three years. The administration has been supportive of the curriculum and assistance has been consistently available from the Drug Program Coordinator, the H.P.E.S.S. FL/SE coordinator, and the Health Resource Coordinator.

Classroom techniques used include audio-visual aids, discussion, role-playing, guest speakers, trips (Floating Hospital, Covenant House), lecture and some homework. According to teachers, as the term goes on students not only have more information but become more comfortable with themselves, more articulate, and have a more humorous acceptance of their own weaknesses.

The topic of one eighth grade class observed by O.E.A. was misinformation. The students sat in a circle and shared what they had learned in the streets. Discussion was at first hesitant and then enthusiastic. The teacher was careful to mark as opinions her comments that were not strictly factual.

Another class spoke about communication, and who should be spoken to about what. Class discussion was both enthusiastic and student-directed. The discussion ended up focusing on the difficulties of parenting.

The third class observed at JHS A was on facing peer pressure and staying true to one's own values. The class watched a filmstrip where a young woman resisted the pressure to become sexually active and discussed decision-making. The homework assignment required students to consider their values in regard to the family and friendships.

Students report that they enjoy FL/SE. Everyone gets along in the classes; no one is made fun of. They feel the teacher can be trusted and truly wants to help the students. As a result of their class, they can more easily speak with parents and advise peers.

I.S. B

I.S. B is a school on Staten Island. FL/SE is being taught in the sixth and seventh grade in the language arts or home economics classes. Of 488 students, 478 are participating. (Although the C.S.D.s where this school is located has mandated the program, parental permission is still required.)

There is an active parent screening committee that goes through all of the materials to be used in the classroom. The school has maintained an open door policy with parents and is responsive to their concerns and demands.

All topics of the curriculum are covered but may be done differently than the guide suggests. Teachers use visual aids, rexographs and, in the seventh grade, bring outside speakers.

According to the teachers, students have been very responsive, becoming more open as the course proceeds. At the request of parents, boys and girls are separated. The topic for the girls the day O.E.A. observed was boys' puberty and the topic for the boys was girls' puberty.

Each class saw a filmstrip and followed this with discussion. In the girls' class (female teacher), students were interested but reserved. They were uncomfortable discussing male anatomy. A blank piece of paper was passed out so that students could ask questions without embarrassment. Most of the questions were about pregnancy: Do you have to have your period? What causes a miscarriage?

The boys (male teacher) were attentive and active in the discussion. Again questions revolved around pregnancy: What makes it a boy or girl? What happens if the egg cracks?

In this school, the Youth Coordinator (coordination of the drug program) is in charge of the FL/SE program. He supervises the other teachers, prepares lessons for them to use, and is available for consultation.

HIGH SCHOOLS

School A

School A is an academic-comprehensive high school located in Staten Island, with an enrollment of 2,500 students. FL/SE is taught as the last of five units within the 11th grade health course, a requirement for graduation. There are currently four teachers teaching FL/SE, two of whom were trained by H.P.E.S.S. The school implemented the turnkey training concept. The H.P.E.S.S. trained teachers offered two 40-minute staff training meetings. In addition, the trained teachers are resources to the others throughout the term.

The principal reported tremendous parental support and added that parents want FL/SE taught earlier in the high school program. No parental permission is required for students to take the classes as per an agreement worked out with the P.T.A. and its Advisory Council. The program has been widely publicized and there have been no objections.

The principal's support and open door policy for staff and the community facilitated implementation. Also identified as important were the H.P.E.S.S. training and a full-time health resource coordinator from the New York City Department of Health who is available to all students.

Inadequate funding was cited as a major obstacle to implementation.* Also cited were the need for better books, curriculum materials (especially films), and functional AV equipment.

Four classes were observed, two conducted by each of the two trained teachers. The first teacher observed was introducing the FL/SE unit with a discussion of differences among families. The class was conducted mostly with teacher-directed questions with the teacher offering his opinion of their responses in subsequent discussion. There was little exploration of the students feelings or attitudes. There was, however, an easy rapport and respect between the teacher and students; the majority of the students were attentive and responded when called upon, but had few questions. Several remained at the end of the period to talk with the teacher.

The second teacher observed began class with a quiz. Students were asked to match 12 terms with their definitions. The terms included words such as transsexual, transvestism, nocturnal emission, homosexuality, pornography, sexual intercourse, and incest. A photocopy of an article from the New York Times on teenage pregnancy was distributed to students who were asked to put themselves in the position of being parents 15 to 20 years from now. Students' responses to the article were acknowledged. Although there was an opportunity for in-depth discussion, none was observed.

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*The principal would prefer to offer FL/SE in the 9th grade but the greater number of 9th graders than 11th graders would require more teachers.

School B

School B is a vocational-technical high school, located in the Bronx with approximately 1,700 students. The parents in general are minimally involved in FL/SE implementation. The principal reported that no parental permission is required for students to take the FL/SE unit. The assistant principal indicated that a letter is sent home via the students at the beginning of the term; no response was interpreted as approval.*

FL/SE is taught as part of the required health curriculum in the 10th grade. Prior to the new curriculum, FL/SE and health were taught in the 11th grade. Given the large number of health sections to be taught, teachers from non-health disciplines, including English, physical education, and science, have been drafted to teach health and FL/SE.** Of the seven teachers teaching the health course, only one attended the H.P.E.S.S. training; the other six have been trained by the assistant principal of health and physical education who reviews the course, text, workbook materials, and selects materials from the curriculum. The H.P.E.S.S.-trained teacher also gives demonstration lessons. A standard outline has been developed, although each teacher is free to teach in his/her own style and on his/her own timetable. The school owns a few films which are used in the classroom.

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*Despite the large number of immigrant and fundamentalist families among the student body, the program has parental support.

**It should be noted that this is in violation of Chapter II Commissioner Regulations, Subchapter G, Section 135.3, effective March 20, 1978.

The support of the principal, careful selection and training of teachers, the support of guidance counselors and the NYC Health Department's health resource coordinator, the enthusiasm of the teachers, and the response of the students were cited as facilitating FL/SE implementation. The teacher interviewed identified the peer support of another trained teacher, the H.P.E.S.S. training, the high school coordinator, and some values clarification texts as helpful in teaching. No obstacles were identified by the administrators although the teachers commented on high absenteeism, student passivity, and problems in the physical plant (no shades on the windows for showing films) as making teaching more difficult.

Four classes were observed, two taught by the H.P.E.S.S.-trained teacher, one by a physical education teacher, and one by an English teacher. There was wide variation in the content and teaching style.

The H.P.E.S.S.-trained teacher commented that she assumes that anatomy and physiology have been taught in the science class and focuses more on issues of decision-making, gender role, and communication. She utilizes material from many sources -- films, videotapes of after-school specials and other relevant TV programs, and newspaper articles. She identified changes she observes in students over a term as increased willingness to take chances and offer opinions in class knowing they can differ and be respected; increased honesty; and improved social skills.

The two classes taught by the H.P.E.S.S.-trained teacher focused on decision-making regarding sexual behavior. She developed a decision-making flow chart beginning with "Have sex" and "Don't have sex," and

had students identify the consequences of each decision along the way incorporating these into the evolving flow chart. The student-teacher interaction was involved and creative, with the teacher responding to the students and weaving in facts about teen pregnancy, abortion, adoption and contraceptive use. Students asked many questions. In subsequent discussion student values were explored respectfully. Students gathered around her desk with more questions at the conclusion of class.

The next class observed was taught by a physical education teacher who acknowledged to the observer her discomfort at being observed and her resistance to teaching the class, for which she had no specific training.* The class was on contraception and began with each student selecting a birth control method from a large container and looking it up on a handout describing various methods. Unfortunately, in the ensuing discussion, the teacher gave out misinformation on several methods of birth control.** She also told students she never wanted to hear they were using the pill for birth control without giving any reasons for her statement. There was no factual discussion on the effectiveness of various methods for teens. The teacher made her negative opinions about teen sex well known to the students and there was little room for them to disagree with the teacher, although some

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*This is in violation of Chapter II Commissioner's Regulations, Subchapter G, Section 135.3., effective March 20, 1978.

**The teacher told students that foam would give them an infection in the uterus; diaphragms don't work; and the pill is terrible.

did. There was emphasis on students using "correct" clinical language. Students were attentive throughout the class.

The final observation was of the English teacher who spent the entire class period on a review of infectious diseases using a handout with seven questions about sexually transmitted diseases (STDs) and distributing a health textbook in which they could look up the answers. The entire discussion of STD's took place without once using the words penis, vagina, or intercourse. The teacher was energetic and seemed to have good rapport with the students; the class was totally teacher-directed. There were no questions from the students.

SUMMARY

Six schools were visited; thus, the description of the FL/SE program with evaluative remarks must be kept in perspective. One thing that seemed clear was that there was no standardization in the program. Each school visited was committed to implementation, yet carried out its program in a distinct manner.

There was also wide variation in the personal commitment, skill, knowledge, and training of the FL/SE teachers. Teachers who received the H.P.E.S.S. training found the training extremely valuable but requested more in-service training to improve their teaching skills. Site visits revealed that there were FL/SE teachers who had not been formally trained; while some were presenting the curriculum in an efffective manner, it is critical that formalized training opportunities be made available.

At the high school level, use of the revised curriculum was sporadic and uneven. Although the new curriculum has been available, schools were teaching FL/SE using the same approach and materials previously in use. There was an additional problem in that the textbooks used for the 11th grade health classes do not contain sufficient FL/SE materials to support the curriculum.

Overall, the schools visited were making a serious commitment to implementing FL/SE by working with parents, teachers, and the community to provide a program that was appropriate for their students. Within the schools, there has been cooperation among various school personnel and community resources, such as the New York City Department of Health, to make the program as integrated and comprehensive as possible.

V. STUDENT OUTCOMES

This chapter provides descriptive analyses of student outcomes measured through the use of a test on knowledge and attitudes and a student opinion questionnaire. The indicators of student change in the FL/SE program were:

- greater knowledge of FL/SE content;
- a positive shift in attitudes as reflected by a greater tolerance of others, greater self-esteem, less stereotyping of sex roles; and
- increased willingness to take responsibility for one's actions by improved decision-making skills.

The 1984-85 evaluation results indicated that the instrument designed for high school testing did not discriminate well at the 11th and 12th grade level. Therefore, the 1985-86 evaluation plan included assessing testing student outcomes for 9th and 10th graders. The instrument used is a 70-item scale designed to measure students' knowledge of physical growth and development and to assess students' self-esteem through measurement of resistance to peer pressure, decision-making skills, attitudes toward gender roles and family, and tolerance of others' values. Thus attitudinal items were designed to assess students' recognition of desired behaviors rather than measure actual changes in behavior. Recommendations were made by H.P.E.S.S. of those schools thought to be teaching the newly revised FL/SE curriculum at that level (most high schools teach FL/SE in the 11th and/or 12th grade).

Phone confirmation for testing revealed, however, that only a few of those schools recommended were using the new curriculum; a number were using the older curriculum. Three high schools were finally selected in which to administer tests; one was a vocational high school, one a specialized high school, and the third an academic comprehensive high school.

STUDENT ACHIEVEMENT AND ATTITUDES

Analysis was conducted on 434 pretests and 287 posttests administered to 9th and 10th graders. The tests were analyzed by comparing unmatched group data. Due to variations in the ways students completed the identification section, pre- and posttests for the same students could not be matched. A t test for independent samples was conducted, as well as one comparing male responses to female responses.

The results are presented in Table 3. The analyses show that pretest/posttest gains were statistically significant for decision-making, self-esteem, and communication skills. Student knowledge scores did not improve from the pretest to the posttest; students scored highly on the pretest indicating that they were already familiar with the content tested. Significant improvement did not occur for attitudes toward sex roles; this is not particularly surprising since attitudes are slow to change, the program is new, and testing took place over a relatively short period of instruction. The results do indicate, however, that communication skills and decision-making skills can be improved within a relatively short period of instruction.

TABLE 3

Analysis of High School Students' Scores on the Family Living/Sex Education Test

Subtest	Pretest[a] Mean	S.D.	Posttest[b] Mean	S.D.	Mean Difference
Sex Roles	27.9	4.3	28.4	4.3	+0.5
Knowledge	25.7	4.4	25.4	5.2	-0.3
Decision-Making	40.7	5.2	41.4	4.3	+0.7[c]
Self-Esteem	32.6	4.6	33.2	4.3	+0.6[c]
Communication Skills	7.5	1.7	7.8	1.6	+0.3

[a]N = 434

[b]N = 287

[c]These gains were significant at $p < .05$.

•Students demonstrated gains on all subtests except knowledge.

STUDENT OPINION QUESTIONNAIRES

A total of 212 completed surveys were returned by students from the three schools where testing had taken place. The results are summarized in Table 4. Students indicated that FL/SE classes generally allowed them to ask questions comfortably, share their opinions, and develop respect for different points of view. Twenty-seven percent of the students indicated that they talk often or sometimes with their parents about topics they had never discussed before taking FL/SE classes. Forty percent thought that these classes would be helpful to them in the future when they had a concern that they wanted to discuss with their parents. Approximately half of the students reported that they were talking with friends about topics never discussed before taking the classes.

Students were asked what were the three most important things they learned from their FL/SE classes. The three most frequently cited were reproductive anatomy and physiology, birth control, and sexually transmitted diseases. In response to the question of new FL/SE topics discussed with parents, they listed sex, sex education, reproductive anatomy and physiology, birth control, and sexually transmitted diseases. The most often repeated suggestions for improving the course included that they liked the course as it was, more and better films, longer classes and more time for discussion, and more time for students to openly share their opinions.

TABLE 4

Distribution of Student Responses to the
Student Opinion Questionnaire

Item	Often	Sometimes	Very Little	Not at All
I can comfortably ask questions	48%	42%	9%	*
I can talk about feelings	28	41	25	6
I can share my opinions	56	30	12	1
In my class, different points of view were respected	42	38	15	5
In my class, students were encouraged to talk to their parents and family members	22	39	26	13
I talk with my parents about topics we never discussed before I took these classes	10	17	31	42
I talk with my friends about topics we had never discussed before I took these classes	23	29	24	24
I think these classes will make it easier for me to talk with my parents and family members when I have questions of concern	16	34	26	24

*Less than 1%.

- Nearly all of the students reported that they could comfortably ask questions in class.
- Three-fifths of the students responded that they were encouraged to speak with parents and family members about FL/SE.